



Licensure Bureau
CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
December 2006

| NAME | LOCATION | PROPOSAL | CAPITAL EXPENSE* | LOI RECEIVED | MTH | CR | APP DUE | APP RCVD | HEARING REQ/ DATE | DPHHS DECISION DEADLINE | DPHHS DECISION & DATE | REC REQ |
|-------------------------|----------|--|---------------------|-----------------|------|----|----------|-------------|-------------------------|-------------------------------|-----------------------------|------------|
| Youth Dynamics, Inc. | Billings | Inpatient chemical dependency treatment services for adolescents in a residential setting | \$215,975.00 | 7/28/06 | 8/06 | No | 12/11/06 | 11/14/06 | No req | 2/12/06 | | |

LEGEND:

ASC Ambulatory Surgical Center
 CDU Chemical Dependency Unit
 CO County
 CR Comparative Review
 DEC Decision
 DISMISS Appeal dismissed
 FAC Facility
 HHA Home Health Agency

H Hospital
 HIS Indian Health Service
 LOI Letter of Intent
 LTC Long-Term Care
 MTH Month of Notice
 NH Nursing Home
 NR Non-Reviewable Project
 N/A Not Applicable

REC REQ-Reconsideration Hearing of Decision
 REQ Request
 SNF Skilled Nursing Facility
 TBA To Be Announced
 TBI Traumatic Brain Injury
 10/10 Ten Bed/Ten Percent Rule (50-5-301, MCA)
 N Disapproval Y Approval or Yes
 DATES Month/Day/Year

* First-year operating cost HHA
 Name of facility in **BOLD** indicates a new request for report month